## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax 871-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correc maintenance fee notific	ted below or directed of	ng the Patent, advance of herwise in Block I, by (	rders and notification of a) specifying a new cor	f maintenance fees respondence address	will be n ; and/or	nailed to the current (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONI	P P	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
22832							
K&L Gates Ll STATE STREE One Lincoln St	I S a tu	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
BOSTON, MA	02111-2950		(Depositor's same)				
							(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/567,891			Henning Von Spreckelsen		FIL-001 7288		
TITLE OF INVENTION	N: OPENING DEVICES	FOR FOIL CLOSURES					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	IE BEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	-VES NO	<del>-\$755</del> -\$151	J	SO SO		-\$1055	01/07/2011
	diner	ARTUNIT	CLASS-SUBCLASS	٦		\$1810	
HYLTON, ROBIN ANNETTE		3781	215-257000	لــا	J		
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front page, list , K&L Gates LLP				
CFR 1.363).	nondence address (or Cha	(1) the names of up to 3 registered patent attorneys  1 K&L GALES HIP  or agents OR, alternatively,					
	pondence address (or Cha B/122) attached.	(2) the name of a single firm (having as a member a 2					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	AND RESIDENCE DAT						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Bapco Closures Research Ltd. Woking, Surrey, U.K.							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗯 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee		A check is enclosed.					
Publication Fee ( Advance Order -	No small entity discount		Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1721 (enclose an extra copy of this form).				
			overpayment, to De	posit Account Numb	xer_50-	1721_ (enclose a	an extra copy of this form).
5. Change in Entity Status (from status Indicated above)  1 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee a		uired) will not be accepte	d from anyone other tha				he assignee or other party in
Authorized Signature	NA COO	)(\		Date De	ecemb	per 13, 20	010
Typed or printed name James A. Culverwell				Registration	No. 5	8,175	
			on is required to obtain			c which is to file (on	id by the USPTO to process)
an application. Confider submitting the complete this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22	mitality is governed by 35 and application form to the tions for reducing this but Virginia 22313-1450. DO 313-1450	i U.S.C. 122 and 37 CFR e USPTO. Time will var- rden, should be sent to the D NOT SEND FEES OR	1.14. This collection is depending upon the in COMPLETED FORMS	estimated to take 12 dividual case. Any of icer, U.S. Patent and TO THIS ADDRES	minutes omments I Tradem S. SEND	to complete, includi on the amount of ti ark Office, U.S. Dep TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							